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(SDLRPT.JER)

REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

815

City Attorney Bureau of Fire Prevention	DATE 08/15/01
Health Dept.	RETURN BY 8/22/01
CATERER X	NON-CATERER
APPLICANT: WINE MERCHANTS	
APPLICANT'S ADDRESS: 1244 SOUTH STREET	
ADDRESS OR LOCATION OF PREMISES TO BE COVER 40 TH & HOLDREGE 68503	ED BY LICENSE : UNL DENTAL COLLEGE
DATE(S) OF EVENT: SEPTEMBER 8, 2001	
TIME(S) OF EVENT : 2:30 PM TO 6:30 PM	
TYPE OF ACTIVITY: ALUMNI OPEN HOUSE	
DETAILS ON ATTACHED APPLICATION.	
RECOMMENDATION OF APP	ROVAL OR DENIAL
APPROVED	
CONDITIONS	
DENIED	
REASON(S) FOR	
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XX/26 #843	8-15-01
Signature	Date

(If needed, use back for additional space)

FI EASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

All Applications must be received in the Commission Office 10 working days (excluding holidays) prior to the date of the event

NEBRASKA LIQUOR CONTROL COMMISSION P.O. Box 95046, Lincoln NE 68509

815

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

A1-90248.

Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day
7 LOCAL APPROVAL must be included with this application
2. A Signed Statement from Local Police Chief or County Sheriff (question #12)
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of federal
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an officer
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS
Type of Beverage(s) to be served: Beer Wine Distilled Spirits
Status of the Applicant (check one)
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable 【☐ Retail ☐ Service
Corporation Corporation Museum Corporation Corporation Corporation Licensee Corporation
Composition Corporation and the Composition of the
Name and Address of Corporation, Organization of Electises obtaining metrics. If necesser, give necesses admitted (City, State, County Number, Zip Code) And Class (Example C/K)
Wine Merchants, Inc. 1244 South St. Lincoln, NE 68502
Address or location of premises to be covered by license, (City, County Number, Zip Code)
Unil Dental Cothers
40th 2 161 dage sixen Lincoln, NE 68583
Is this PREMISE currently licensed under the Nebraska Liquor Control Act? YES NO
>. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.
University of Mebrosks
University of receiver
Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the event when
occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable laws.
crdinances, rules and regulations are adhered to. Supervisor must sign on page 2.
Christopher A. Piper 476-1518
8. DATE(S) OF EVENT (If a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)
September 8, 2001
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:
9. Time(s) of event (example 8am to 1am, this is considered one day)
FROM: 2'30 PMTO: 6'30 P.M.
10. Describe the Type of Activity to be carried on during the time period for which the license is requested. Mil Denfol College House.
11 Provide an estimated number of attendees at this event 4/00. If the number of attendees is over 250 attach a separate page
indicating the steps that will be taken to prevent underage persons access to alcoholic beverages.
12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICHEVER
12. PLEASE ATTACH A SIGNED STATEMENT FROM TOOK EGGAL TO LICE OF THIS EVENT, AND IF THEY IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF THEY
ARE AWARE OF ANY REASON THE EVENT SHOULD NOT OCCUR.
ARE AWARE OF ANY REASON THE EVERY SHOOLE WE STOOL
13. List the number of SDL's that you have applied for at this specific location in the last six months.
13. Dist die number of data 3 august approximation in 1
CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

Dimensions of area to be covered by license: 25	UNDER NEBRASIGA 2-4	-
If outdoor area, how will premises be separated from areas open to the general public? Fence Tent Other (if other, please explain) 15. Is the premises to be covered by the license located within the city/village limits? YES NO 16. Is the premises to be covered by the license within 150 feet of any church, school, hospital, or home for the aged or indigent persons or for veterans, their wives or children? YES NO 17. Explain how alcoholic liquors will be purchased by the licensee. If purchased from a retail licensee, please give the name and license number. Alchoholic Beverages Durchased from licensed wholesaless.	TO THE PERSON OF	
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sign here What Color Income 3/10/22 Title Date	sign Mille Cell Treasurer 3/15/2	<u>/cus/</u>
here ////// Colaire Title	Authorized Representative Approcunt	ر رووح
Here () v v v v v v v v v v v v v v v v v v	Sign / //// ATC / Date	
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governing body. For the purposes of this section, the local governing body shall be the city or village within which the particle of the purposes of this section, the local governing body shall be the city or village within which the particle of the purposes of this section, the local governing body shall be the city or village within which the particle of the purposes of this section, the local governing body shall be the city or village within which the particle of the purposes of this section. the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

In Compliance with ADA, this form is available in other formats for persons with disabilities.

A ten day advance period is requested in writing to produce the alternate format.

Special Designated License Application Supplemental Form

The Special Designated License process is not intended to be used as a vehicle to expand the existing licensed premise.

Name of the Event: Wall Densal Ostlege Alumni Open house
Applicant and Sponsoring Organization or Person (if applicable):
Date of the Event: Sept. 8, 2001 _Time of the Event: Z:30 P.m.
Has the applicant applied for, and received liquor liability insurance? Wes Ino
Number of persons expected to attend:Number of persons under 21 expected:Is the event open to the public?Yes
How will you ensure that minors will not be served or consume beverages containing alcohol? I dentification Checked out Check-in fable and of box.
Will food be served? Ayesno If yes, please list food to be served:
Will non-alcoholic beverages be served? Xyes ☐no If yes, please list non-alcoholic beverages to be served:
Please identify the beverages containing alcohol that will be served: Wwine Abeer distilled spirits. Will this be a cash or complimentary bar? Acash Complimentary
Who will serve the beverages containing alcohol? <u>Merer's Conk N Bold R</u> Have the designated servers received responsible beverage service training? <u>Uyes Uno</u>
Will there be a charge for admission? ☐yes ☒no
In the last twelve months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes If so, please explain